

Exhibit A

FHA210

BUREAU OF EMPLOYMENT SECURITY

03/16/06

LOCAL OFFICE: A3 Looney Tunes Village #22

SOC-SEC-NUM: 123-56-6789

N A M E: Lyon, Ima Cot

NAME SUPPLIED BY REQUESTER

< - - - - - QUARTERLY WAGES - - - - - >				< - - - - - E M P L O Y E R - - - - - >			
SEP 04	DEC 04	MAR 05	JUN 05	SEP 05	TOTAL WAGES	MAINE IDENT	
4,646.40	5,680.32	4,541.99	5,547.51	5,704.01	26,120.23	Bedrock Quarry ATT PAYROLL DEPT ONE PORTLAND SQUARE PORTLAND ME 04112	
521.72	1,624.54	1,625.32	1,952.71	1,937.61	7,661.90	Bedrock Florist Shop 10 WALES RD SABATTUS ME 04280	
5,168.12	7,304.86	6,167.31	7,500.22	7,641.62	33,782.13		

Exhibit B

FHA210

BUREAU OF EMPLOYMENT SECURITY

03/16/06

LOCAL OFFICE: A3 Looney Times Village #22

SOC-SEC-NUM: 234-56-7899

N A M E: Cheeter, Hees A. NAME SUPPLIED BY REQUESTER

<- - - - - QUARTERLY WAGES - - - - ->				>- - - - - E M P L O Y E R - - - - ->			
SEP 04	DEC 04	MAR 05	JUN 05	SEP 05	TOTAL WAGES	MAINE IDENT	
1,885.94	2,241.63	1,542.41	2,734.28	2,816.21	11,220.47	Spacley's Space Sprockets	
						PO BOX 8	
						NORTH MONMOUTH ME 04265	
1,885.94	2,241.63	1,542.41	2,734.28	2,816.21	11,220.47		

Original

Exhibit C

Form RD 3560-8  
(02-05)USDA—RURAL HOUSING SERVICE  
TENANT CERTIFICATIONForm Approved  
OMB No. 0575-0189

<b>1. Effective Date</b> 09/01/04 <input checked="" type="checkbox"/> Initial Certification <input type="checkbox"/> Designate 60 Day Absence <input type="checkbox"/> Recertification <input type="checkbox"/> End 60 Day Absence <input type="checkbox"/> Modify Certification <input type="checkbox"/> Tenant Transfer <input type="checkbox"/> Assign/Remove RA <input type="checkbox"/> Vacate a Unit <input type="checkbox"/> Certification Expired & Eviction in Process		<b>PART I — PROJECT AND UNIT IDENTIFICATION</b>																																																									
		<b>2. Project Name</b> Looney Tunes Village		<b>3. Borrower ID and Project Number</b> 010010010 01-1	<b>4. Unit Type</b> 1 BR	<b>5. Unit Number</b> 22																																																					
<b>PART II — TENANT HOUSEHOLD INFORMATION</b> <b>6. Tenant Subsidy Code (enter code)</b> 0—No Deep Tenant Subsidy 1—Rental Assistance (RA) 4—Other Public RA 5—Private RA 6—HUD Voucher 7—Other Types at Basic Rent <div style="border: 1px solid black; width: 30px; text-align: center; margin: 5px auto;">1</div> <b>Other Subsidy Indicator (leave blank if none, P-Partial or F-Full)</b> _____ <b>Other Subsidy Amount (For Partial) \$</b> _____		<b>WARNING STATEMENT:</b> Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."  <b>STATEMENT REQUIRED BY THE PRIVACY ACT:</b> Title V of the Housing Act of 1949 authorizes RHS to collect the information on this form. Your disclosure of the information is voluntary. However, failure to disclose certain information may delay the processing of your eligibility or rejection. RHS will not deny eligibility if you refuse to disclose your Social Security Number.  This information is collected principally to determine eligibility for occupancy and to determine your tenant contribution for rent. However, the information collected may be released to appropriate Federal, State and Local Agencies, credit bureaus and servicing agents when relevant to civil, criminal or regulatory proceedings or to enforce regulations by manual or automated verification procedures.  <i>Round all monetary figures up to the nearest dollar at .50 and above.</i>																																																									
		<table border="1" style="width:100%"><tr><td><b>7. Social Security No.</b></td><td><b>8. Household Member Name (Last, First and Middle)</b></td><td><b>9. SEX</b></td><td><b>10. Date of Birth</b></td><td><b>11. Race</b></td><td><b>12. Ethnicity</b></td><td><b>12a. Race Determination Code</b></td></tr><tr><td>123-45-6789</td><td>Lyon, Ima Cot</td><td>F</td><td>4/1/45</td><td>5</td><td>B</td><td>C</td></tr><tr><td>234-56-7899</td><td>Cheeter, Hees A.</td><td>M</td><td>10/31/52</td><td>5</td><td>B</td><td>C</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <b>Choices for Race are:</b> 1 - American Indian or Alaskan Native 2 - Asian 3 - Black or African American 4 - Native Hawaiian or Pacific Islander 5 - White <b>Choices for Ethnicity are:</b> a - Hispanic/Latino b - Non-Hispanic/Latino				<b>7. Social Security No.</b>	<b>8. Household Member Name (Last, First and Middle)</b>	<b>9. SEX</b>	<b>10. Date of Birth</b>	<b>11. Race</b>	<b>12. Ethnicity</b>	<b>12a. Race Determination Code</b>	123-45-6789	Lyon, Ima Cot	F	4/1/45	5	B	C	234-56-7899	Cheeter, Hees A.	M	10/31/52	5	B	C																																	
<b>7. Social Security No.</b>	<b>8. Household Member Name (Last, First and Middle)</b>	<b>9. SEX</b>	<b>10. Date of Birth</b>	<b>11. Race</b>	<b>12. Ethnicity</b>	<b>12a. Race Determination Code</b>																																																					
123-45-6789	Lyon, Ima Cot	F	4/1/45	5	B	C																																																					
234-56-7899	Cheeter, Hees A.	M	10/31/52	5	B	C																																																					
<b>8a. Number of Foster Children (if any)</b> <input type="checkbox"/>		<b>Choices for Race Det. Code:</b> C - Customer Provided E - Employee Observed																																																									
<b>PART III — ASSET INCOME</b>																																																											
<b>15. Net Family Assets (NOTE: If Line 15 is less than \$5,000, enter zero on Line 16.)</b>		\$ 15,000																																																									
<b>16. Imputed Income from Assets (Bank Passbook Savings Rate (* ) x Line 15.)</b>		\$ 99																																																									
<b>17. Income from Assets</b>		\$ 99																																																									
<b>PART IV — INCOME CALCULATIONS</b>																																																											
<b>18. Income</b> a. Wages, Salaries, etc. \$ 1,860.00 b. Soc. Sec., Pensions, etc. \$ c. Assistance \$ d. Income Contributed by Assets (Greater of Line 16 or Line 17) \$ 99 e. Other \$ f. Annual Income \$ 1,869.9 g. Household Has Exempt Income <input type="checkbox"/>		<b>19. Adjustments to Income</b> a. \$480 x total of Line 13 \$ b. \$400 if elderly status \$ 400 c. Medical exceeding 3% of Line 18f. (If elderly, handicapped or disabled) \$ 99 d. Child Care \$ e. Total Adjustments \$ 499 <b>20. Adjusted Annual Income (Line 18.f. minus Line 19.e.)</b> \$ 1,820.0																																																									
<b>PART V — INCOME LEVELS</b>																																																											
<b>21. Number of Household Members</b> 02 <b>22. Current Eligibility Income Level (Enter Code)</b> L		<b>23. Date of Initial Project Entry</b> 09/01/04 <b>24. Eligibility Income Level at Initial Project Entry (Enter Code)</b> L																																																									
<b>PART VI — CERTIFICATION BY TENANT</b>																																																											
I certify and acknowledge that if the Agency provides unauthorized assistance to the borrower/multi-family housing project owner for my benefit based on erroneous or fraudulent information provided in this tenant certification, I will reimburse the Agency for that unauthorized amount. If I do not, the Agency may use all remedies available to collect it, including those under the Debt Collection Act, to recover on the Federal debt directly from me.																																																											
<b>a. Date:</b> MMDDYY 09/01/04		<b>b. Tenant Signature</b>																																																									
<b>c. Date:</b> MMDDYY 09/01/04		<b>d. Co-Tenant Signature</b>																																																									

**PART VII—PRELIMINARY CALCULATIONS**

25. Adjusted Monthly Income (Line 20 ÷ 12)	a. \$	<table border="1"><tr><td>1</td><td>1</td><td>5</td><td>1</td><td>7</td></tr></table>	1	1	5	1	7	x .30	= b. \$	<table border="1"><tr><td>1</td><td>4</td><td>5</td><td>5</td></tr></table>	1	4	5	5		
1	1	5	1	7												
1	4	5	5													
26. Monthly Income (Line 18.f. ÷ 12)	a. \$	<table border="1"><tr><td>1</td><td>1</td><td>5</td><td>5</td><td>8</td></tr></table>	1	1	5	5	8	x .10	= b. \$	<table border="1"><tr><td>1</td><td>1</td><td>5</td><td>6</td></tr></table>	1	1	5	6		
1	1	5	5	8												
1	1	5	6													
					27. Designated Monthly Welfare Shelter Payment	\$	<table border="1"><tr><td>1</td><td>1</td><td>1</td><td>1</td></tr></table>	1	1	1	1					
1	1	1	1													
					28. Highest of Line 25.b., Line 26.b., or Line 27.		<table border="1"><tr><td>1</td><td>4</td><td>5</td><td>5</td></tr></table>	1	4	5	5					
1	4	5	5													
29. Gross Basic Rent					30. Gross Note Rate Rent											
a. Basic Rent	\$	<table border="1"><tr><td>1</td><td>1</td><td>6</td><td>0</td><td>0</td></tr></table>	1	1	6	0	0		a. Note Rate Rent	\$	<table border="1"><tr><td>1</td><td>1</td><td>8</td><td>0</td><td>0</td></tr></table>	1	1	8	0	0
1	1	6	0	0												
1	1	8	0	0												
b. Utility Allowance	\$	<table border="1"><tr><td>1</td><td>1</td><td>5</td><td>0</td></tr></table>	1	1	5	0		b. Utility Allowance	\$	<table border="1"><tr><td>1</td><td>1</td><td>5</td><td>0</td></tr></table>	1	1	5	0		
1	1	5	0													
1	1	5	0													
c. (Line 29.a. + Line 29.b.)	\$	<table border="1"><tr><td>1</td><td>1</td><td>6</td><td>5</td><td>0</td></tr></table>	1	1	6	5	0		c. (Line 30.a. + Line 30.b.)	\$	<table border="1"><tr><td>1</td><td>1</td><td>8</td><td>5</td><td>0</td></tr></table>	1	1	8	5	0
1	1	6	5	0												
1	1	8	5	0												

**PART VIII—DETERMINING GROSS TENANT CONTRIBUTION (GTC)**

Decision: (check one)

- ☒ A. If tenant receives rental assistance (RA) enter Line 28 on Line 31 below. If Line 28 exceeds Line 29.c., go to Decision B since this Tenant will not receive RA.
- ☐ B. If tenant does not receive RA and this project receives Plan II Interest Credit, enter the greater of Line 28 or Line 29.c. (but not to exceed Line 30.c.) on Line 31 below.
- ☐ C. If tenant does not receive RA and this project is a Plan I, Full Profit or Labor Housing project, complete Lines C.1. thru C.3. and enter Line C.3. on Line 31.
- |                                  |    |   |   |   |   |   |   |
|----------------------------------|----|---|---|---|---|---|---|
| 1. Enter Line 30.c.              | \$ | <table border="1"><tr><td>1</td><td>1</td><td>6</td><td>5</td><td>0</td></tr></table> | 1 | 1 | 6 | 5 | 0 |
| 1                                | 1  | 6   | 5 | 0 |   |   |   |
| 2. Add Plan I Surcharge (if any) | \$ | <table border="1"><tr><td>1</td><td>1</td><td>6</td><td>5</td><td>0</td></tr></table> | 1 | 1 | 6 | 5 | 0 |
| 1                                | 1  | 6   | 5 | 0 |   |   |   |
| 3. Total (enter on Line 31)      | \$ | <table border="1"><tr><td>1</td><td>1</td><td>6</td><td>5</td><td>0</td></tr></table> | 1 | 1 | 6 | 5 | 0 |
| 1                                | 1  | 6   | 5 | 0 |   |   |   |

**PART IX—DETERMINING NET TENANT CONTRIBUTION (NTC)**

31. GTC (From PART VIII)	\$	<table border="1"><tr><td>1</td><td>1</td><td>6</td><td>5</td><td>0</td></tr></table>	1	1	6	5	0
1	1	6	5	0			
32. Utility Allowance (Line 29.b. or Line 30.b.)	\$	<table border="1"><tr><td>1</td><td>1</td><td>5</td><td>0</td></tr></table>	1	1	5	0	
1	1	5	0				
33. Final NTC (Line 31 minus Line 32)	\$	<table border="1"><tr><td>1</td><td>4</td><td>1</td><td>0</td><td>5</td></tr></table>	1	4	1	0	5
1	4	1	0	5			

(Amount Tenant pays Borrower for rent. If Line 33 is negative, Borrower pays the difference to Tenant for utilities.)

**PART X—CERTIFICATION BY BORROWER**

I certify that the information on this form has been verified as required by federal law and the tenant household

☒ is eligible to live in the unit, or ☐ has been granted ineligible occupancy by RHS.

a. Date Signed

M	M	D	D	Y	Y

b. Signature of Borrower or Borrower's Representative

CORRECTED

Exhibit D

Form RD 3560-8  
(02-05)USDA—RURAL HOUSING SERVICE  
TENANT CERTIFICATIONForm Approved  
OMB No. 0575-0189

<b>1. Effective Date</b> 09/01/04		<b>PART I — PROJECT AND UNIT IDENTIFICATION</b>							
<input checked="" type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Modify Certification <input type="checkbox"/> Assign/Remove RA <input type="checkbox"/> Vacate a Unit <input type="checkbox"/> Certification Expired & Eviction in Process		<b>2. Project Name</b> Looney Tunes Village		<b>3. Borrower ID and Project Number</b> 010010010 01-1		<b>4. Unit Type</b> 1 BR		<b>5. Unit Number</b> 22	
<b>PART II — TENANT HOUSEHOLD INFORMATION</b>		<b>WARNING STATEMENT:</b> Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both." <b>STATEMENT REQUIRED BY THE PRIVACY ACT:</b> Title V of the Housing Act of 1949 authorizes RHS to collect the information on this form. Your disclosure of the information is voluntary. However, failure to disclose certain information may delay the processing of your eligibility or rejection. RHS will not deny eligibility if you refuse to disclose your Social Security Number. This information is collected principally to determine eligibility for occupancy and to determine your tenant contribution for rent. However, the information collected may be released to appropriate Federal, State and Local Agencies, credit bureaus and servicing agents when relevant to civil, criminal or regulatory proceedings or to enforce regulations by manual or automated verification procedures. <i>Round all monetary figures up to the nearest dollar at .50 and above.</i>							
<b>6. Tenant Subsidy Code</b> (enter code) 0 — No Deep Tenant Subsidy 1 — Rental Assistance (RA) 4 — Other Public RA 5 — Private RA 6 — HUD Voucher 7 — Other Types at BasicRent		<input checked="" type="checkbox"/> 0		<b>12a. Race Determination Code</b>		<b>13. Minor, Disabled, Handicapped or Full-Time Student 18 or Older</b> (Complete this only when household member is not the Tenant or a Co-Tenant) <input type="checkbox"/> Total (Line 13)		<b>14. Elderly, Disabled or Handicapped</b> (Complete this only when household member is a Tenant or Co-Tenant) (Check below when coded above) <input checked="" type="checkbox"/> Elderly Status	
<b>7. Social Security No.</b>		<b>8. Household Member Name</b> (Last, First and Middle)		<b>9. SEX</b>	<b>10. Date of Birth</b> M M D D Y Y	<b>11. Race</b>	<b>12. Ethnicity</b>		
123-45-6789		Lyon, Ima Cot		F	4 1 45	5	B	C	
234-56-7899		Cheeter, Hees A.		M	10 31 52	5	B	C	
<b>Choices for Race are:</b> 1 - American Indian or Alaskan Native 2 - Asian 3 - Black or African American 4 - Native Hawaiian or Pacific Islander 5 - White <b>Choices for Ethnicity are:</b> a - Hispanic/Latino b - Non-Hispanic/Latino		<b>8a. Number of Foster Children (if any)</b> <input type="checkbox"/>		<b>Choices for Race Det. Code:</b> C - Customer Provided E - Employee Observed					
<b>PART III — ASSET INCOME</b>									
<b>15. Net Family Assets (NOTE: If Line 15 is less than \$5,000, enter zero on Line 16.)</b>									
<b>16. Imputed Income from Assets (Bank Passbook Savings Rate (* ) x Line 15.)</b>									
<b>17. Income from Assets</b>									
<b>PART IV — INCOME CALCULATIONS</b>									
<b>18. Income</b>					<b>19. Adjustments to Income</b>				
a. Wages, Salaries, etc.					a. \$480 x total of Line 13				
b. Soc. Sec., Pensions, etc.					b. \$400 if elderly status				
c. Assistance					c. Medical exceeding 3% of Line 18f. (If elderly, handicapped or disabled)				
d. Income Contributed by Assets (Greater of Line 16 or Line 17)					d. Child Care				
e. Other					e. Total Adjustments				
f. Annual Income					20. Adjusted Annual Income (Line 18.f. minus Line 19.e.)				
g. Household Has Exempt Income <input type="checkbox"/>									
<b>PART V — INCOME LEVELS</b>									
<b>21. Number of Household Members</b>					<b>23. Date of Initial Project Entry</b>				
0, 2					09/01/04				
<b>22. Current Eligibility Income Level (Enter Code)</b>					<b>24. Eligibility Income Level at Initial Project Entry (Enter Code)</b>				
<input checked="" type="checkbox"/> M					<input type="checkbox"/> L				
<b>PART VI — CERTIFICATION BY TENANT</b>									
I certify and acknowledge that if the Agency provides unauthorized assistance to the borrower/multi-family housing project owner for my benefit based on erroneous or fraudulent information provided in this tenant certification, I will reimburse the Agency for that unauthorized amount. If I do not, the Agency may use all remedies available to collect it, including those under the Debt Collection Act, to recover on the Federal debt directly from me.									
<b>a. Date:</b>					<b>b. Tenant Signature</b>				
M M D D Y Y									
<b>c. Date:</b>					<b>d. Co-Tenant Signature</b>				
M M D D Y Y									

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0189. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

2,975

**PART VII—PRELIMINARY CALCULATIONS**

25. Adjusted Monthly Income (Line 20 ÷ 12)	a. \$	<table border="1"><tr><td>1</td><td>5</td><td>1</td><td>7</td></tr></table>	1	5	1	7	x .30	= b. \$	<table border="1"><tr><td>4</td><td>5</td><td>5</td></tr></table>	4	5	5	893				
1	5	1	7														
4	5	5															
26. Monthly Income (Line 18.f. ÷ 12)	a. \$	<table border="1"><tr><td>1</td><td>5</td><td>5</td><td>8</td></tr></table>	1	5	5	8	x .10	= b. \$	<table border="1"><tr><td>1</td><td>5</td><td>6</td></tr></table>	1	5	6	309				
1	5	5	8														
1	5	6															
		3,008		27. Designated Monthly Welfare Shelter Payment	\$	<table border="1"><tr><td>8</td><td>9</td><td>3</td></tr></table>	8	9	3								
8	9	3															
				28. Highest of Line 25.b., Line 26.b., or Line 27.		<table border="1"><tr><td>4</td><td>5</td><td>5</td></tr></table>	4	5	5								
4	5	5															
29. Gross Basic Rent				30. Gross Note Rate Rent													
a. Basic Rent	\$	<table border="1"><tr><td>1</td><td>6</td><td>0</td><td>0</td></tr></table>	1	6	0	0		a. Note Rate Rent	\$	<table border="1"><tr><td>1</td><td>8</td><td>0</td><td>0</td></tr></table>	1	8	0	0			
1	6	0	0														
1	8	0	0														
b. Utility Allowance	\$	<table border="1"><tr><td>1</td><td>5</td><td>1</td><td>0</td></tr></table>	1	5	1	0		b. Utility Allowance	\$	<table border="1"><tr><td>1</td><td>5</td><td>1</td><td>0</td></tr></table>	1	5	1	0			
1	5	1	0														
1	5	1	0														
c. (Line 29.a. + Line 29.b.)	\$	<table border="1"><tr><td>1</td><td>6</td><td>5</td><td>1</td><td>0</td></tr></table>	1	6	5	1	0		c. (Line 30.a. + Line 30.b.)	\$	<table border="1"><tr><td>1</td><td>8</td><td>5</td><td>1</td><td>0</td></tr></table>	1	8	5	1	0	
1	6	5	1	0													
1	8	5	1	0													

**PART VIII—DETERMINING GROSS TENANT CONTRIBUTION (GTC)**

Decision: (check one)

- ☒ A. If tenant receives rental assistance (RA) enter Line 28 on Line 31 below. If Line 28 exceeds Line 29.c., go to Decision B since this Tenant will not receive RA.
- ☐ B. If tenant does not receive RA and this project receives Plan II Interest Credit, enter the greater of Line 28 or Line 29.c. (but not to exceed Line 30.c.) on Line 31 below.
- ☐ C. If tenant does not receive RA and this project is a Plan I, Full Profit or Labor Housing project, complete Lines C.1. thru C.3. and enter Line C.3. on Line 31.
- |                                  |    |   |   |   |   |   |   |
|----------------------------------|----|---|---|---|---|---|---|
| 1. Enter Line 30.c.              | \$ | <table border="1"><tr><td>1</td><td>8</td><td>5</td><td>1</td><td>0</td></tr></table> | 1 | 8 | 5 | 1 | 0 |
| 1                                | 8  | 5   | 1 | 0 |   |   |   |
| 2. Add Plan I Surcharge (if any) | \$ | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|                                  |    |   |   |   |   |   |   |
| 3. Total (enter on Line 31)      | \$ | <table border="1"><tr><td>1</td><td>8</td><td>5</td><td>1</td><td>0</td></tr></table> | 1 | 8 | 5 | 1 | 0 |
| 1                                | 8  | 5   | 1 | 0 |   |   |   |

**PART IX—DETERMINING NET TENANT CONTRIBUTION (NTC)**

31. GTC (From PART VIII)
32. Utility Allowance (Line 29.b. or Line 30.b.)
33. Final NTC (Line 31 minus Line 32)
- (Amount Tenant pays Borrower for rent. If Line 33 is negative, Borrower pays the difference to Tenant for utilities.)

	\$	<table border="1"><tr><td>8</td><td>5</td><td>0</td></tr></table>	8	5	0	
8	5	0				
	\$	<table border="1"><tr><td>1</td><td>5</td><td>0</td></tr></table>	1	5	0	
1	5	0				
	\$	<table border="1"><tr><td>7</td><td>0</td><td>0</td></tr></table>	7	0	0	
7	0	0				
	\$	<table border="1"><tr><td>1</td><td>4</td><td>0</td><td>5</td></tr></table>	1	4	0	5
1	4	0	5			
		800				

**PART X—CERTIFICATION BY BORROWER**

I certify that the information on this form has been verified as required by federal law and the tenant household

☒ is eligible to live in the unit, or ☐ has been granted ineligible occupancy by RHS.

a. Date Signed

M	M	D	D	Y	Y

b. Signature of Borrower or Borrower's Representative

Effective 1-1-05	Basic = \$650	Note = \$800	GTC	\$850
	UA = + 50	UA = + 50	UA	- 50
	<u>\$675</u>	<u>850</u>	NTC	<u>\$800</u>

Effective 4-1-05	Basic = \$650	Note = \$800	GTC	\$875
	UA = + 75	UA = + 75	UA	- 75
	<u>\$725</u>	<u>\$875</u>	NTC	<u>\$800</u>

[illegible]

AGREEMENT OF TENANT TO REPAY UNAUTHORIZED  
ASSISTANCE TO USDA – RURAL DEVELOPMENT

Tenant Name: Ima Cot Lyon  
Tenant Social Security No: 123-45-6789  
Resides/Resided : Looney Tunes Village #22

Unauthorized Assistance Received: \$4,445

The undersigned tenant (Ima Cot Lyon) agrees that the above stated unauthorized assistance received is accurate and further agrees to repay USDA-Rural Development in full in weekly installments as follows:

Weekly Installment: \$150.00  
Date of First Installment: 4-15-06

The weekly installments are due no later than Monday of each week until the total amount is paid in full. Should I default on this Payment Agreement, Rural Development may cancel this payment plan and demand immediate payment of the remaining balance.

I agree that in the event that I vacate this property, any balance remaining from my Security Deposit (after appropriate costs are assessed) will be submitted by management directly to Rural Development toward the remaining unpaid balance of this subsidy. I further acknowledge that, in the event that the Security Deposit does not pay in full the balance due, this debt remains a valid debt and the payment terms stipulated herein shall continue until the subsidy is paid-in-full.

Payments are to be made at the following address: Looney Tunes Village  
245 Coyote Way  
Road Runner Village, ME 04605

If payments are not made as stated above, the undersigned understands the account will be sent to the US Treasury for collection. The debt will be included in the Treasury Offset Program (TOP). TOP reduces or withholds any eligible federal payments by the amount of your debt. This process, known as "offset" is authorized by 31 U.S.C. Chapter 37. The U.S. Treasury is not required to send you Notice before your payment is offset. Most federal payments, including certain loans and income tax refunds are eligible for offset.

\_\_\_\_\_  
Tenant - Ima Cot Lyon

\_\_\_\_\_  
4-1-06  
Date



# SAMPLE FINANCE OFFICE REFERRAL LETTER

March 6, 2006

Tenant Name

Tenant's Last Known Address

Tax Identification # Tenant Social Security Number

RE: Unauthorized Rental Assistance

Payable through: Borrower Name/Project Name

Overpaid amount: \$1,791.00

Period Covering: November 1, 2003 – October 1, 2004

It has been brought to our attention that rental assistance was overpaid for you because you did not properly report all household income or the number of occupants. The overpaid amount of \$1,791.00 must be paid immediately.

The purpose of the rental assistance program is to lower the amount of rent you have to pay. You received rental assistance because of the amount you reported as your total household income or the number of individuals living with you. The Government provided this assistance so that your rent payments would be more affordable. Since you did not correctly tell the Government about your income or the number of people in your unit, you received too much assistance.

If you do not pay this amount or take other action as described below within 60 days from the date of this letter, Rural Development will be forced to turn this debt over to the United States (U.S.) Department of Treasury.

Once your debt is submitted to the U.S. Treasury, they will service and collect the debt based on legal requirements and authorities. Treasury may take adverse actions to enforce payment of your debt, such as:

- sending your debt to a private collection agency;
- sending your debt to the Department of Justice or agency counsel for legal action;
- requiring your place of employment to garnish your salary;
- reporting your debt to a credit bureau, and/or
- reporting your debt to the Internal Revenue Service (IRS) as potential taxable income.

Once your debt is sent to the U.S. Treasury, it will also be included in the Treasury Offset Program (TOP). TOP reduces or withholds any eligible Federal payments by the amount of your debt. This process, known as "offset," is authorized by 31 U.S.C. chapter 37. U.S. Treasury is not required to send you notice before your payment is offset. Most Federal payments, including certain loans and income tax refunds, are eligible for offset.

Before we submit your debt to the U.S. Treasury, we are required to tell you that you may:

- (1) inspect and copy our records related to your debt;
- (2) repay your debt;
- (3) enter into an acceptable written repayment agreement; and
- (4) be entitled to a review if we determine that a review is required.

**INSPECT AND COPY RECORDS RELATED TO YOUR PAST DUE DEBT:** To make arrangements for inspecting and copying your records, you must contact us in writing at the address shown at the end of this letter. This does not stop the process of sending your debt to the U.S. Treasury.

**TO AVOID HAVING YOUR DEBT SUBMITTED TO THE U.S. TREASURY**, you must do one of the following within 60 days from date of this letter:

- **REPAY YOUR DEBT:** To repay your debt, send a check or money order, payable to Rural Development, for the full amount of your debt to the address shown at the end of this letter.
- **AGREE TO A PAYMENT PLAN:** If you are unable to pay your debt in full,
  - (1) you must contact us in writing at the address listed at the end of this notice,
  - (2) agree to a repayment plan acceptable to us,
  - (3) and make payments required in the repayment plan.
- **REQUEST A REVIEW IF YOU BELIEVE THE DEBT IS NOT OWED:** If you believe that you do not owe all or part of the debt, you must file a written request for review. Your request must include proof to support your position and should be sent in writing to the address at the end of this notice. We will inform you of our decision about your debt. The timely filing of a request for review will stop the offset process until a determination is made. If a determination is made that the debt is valid, the account will immediately be forwarded to the U.S. Treasury.

**BANKRUPTCY:** If you are currently in bankruptcy, then you are not subject to offset while the automatic stay is in effect. Please notify us in writing at the address listed at the end of this notice, and include a copy of the bankruptcy filing. If you have an attorney, please provide your attorney's name, address, and phone number as well. If we do not know of your status in bankruptcy, we may inadvertently take some collection action that could be avoided.

If you make or provide any knowingly false statements, representations, or evidence, you may be liable for civil penalties under the False Claims Act (31 U.S.C. sections 3729-3731), or criminal penalties under 18 U.S.C. sections 286, 287, 1001, 1002, or other applicable statutes.

**IF YOU FILE A JOINT INCOME TAX RETURN:** You should contact the Internal Revenue Service before filing your return regarding the steps to take to protect the share of the income tax refund which may be payable to your spouse, if your spouse is not a debtor.

**IF YOU ARE A FEDERAL EMPLOYEE:** Your current net disposable pay is subject to offset if you do not pay your debt or take other action described above. Under TOP, the U.S. Treasury will deduct up to 15 percent of your disposable net pay beginning in the pay period that your debt is submitted to TOP. This will be approximately 60 days from the date of this letter, and continuing every pay period until your past due debt, including any principal, interest, penalties, and other costs, is paid in full.

You are entitled to the same options as described previously in this letter, except that your review, if timely requested, would be conducted by a hearing official upon the Secretary's determination of the debt or percentage of disposable pay to be deducted each pay period. If you wish to petition for a waiver or review to dispute the existence or amount of the past due debt, or the amount of the payroll deduction, you must file a written request for a review no later than 60 days from the date of this letter. The timely filing of a request for review will suspend the offset process until a determination is made. If a determination is made that the claim is valid, offset proceedings will begin within approximately 30 days from the date of the determination. You must send evidence to support your position to your servicing office. A final decision on the review (if one is requested) will be issued no later than 60 days after the filing of a request for review (unless extended by the review official), in accordance with 7 C.F.R. section 3.55.